U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civit panalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

DHO	
1. File Number U - 2220	2. Fiscal Year Covered From:
,	7/1/2005 Through: 12/51/2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name WILLIAM R PENDERGRASS	Name TN. STATE CAP COUNCIL
	Labor Organization File Number 516-499
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 333 MOORE Ro.	Street 151 MABBOX STMPSON PARKWAY
City COOKENTUE	City LEBANON
State 77. ZIP Code + 4 78506 4	State TENNESSEE ZIP Code + 4 370904
5. Position in labor organization. VICE CHATRIBM, TW. STATE CAP COLUNCIL	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose unplayees your organization. 6. Name and address of Employer (including trade name, if any). Name	
P.O. Box, Bidg., Room No., if any	N/A
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
signed Williams R. Temstergnoss	On 5/26/06 931- 498- 4445 Date Telephone Number

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name UNITED GRAPHICS INC.	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any PO. BOX 10 Street 40 OLIVE STREET	c. Employer	
city LaCester		
State KY. ZIP Code + 4 42056 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	SELL PROMOTIONAL AND PRINTING	
Trade Name, if any:	ITEMS TO THE PUBLIC AS WELL AS VARIOUS LINIOUS ACROSS THE	
P.O. Box, Bldg., Room No., if any	4.5.	
Street	11.b. Approximate dollar value of such dealing. 4697-50	
City	12.a. Nature of interest held or income received.	
State Zil ^o Code + 4	AS OUTSIDE SPLESMAN FOR UNUMITED	
	GRAPHICS INC. I RECEIVE	
	COMMISSION BASES ON MY SACES.	
	12.b. Amount. 10% 70 40%?	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13 h Is the Rusiness an Employer or Consultant 2	14.b. Amount of payment.	